

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#2

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

14

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Steve McCollum

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

POB 172202

Arlington, TX 76003

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 417-8383

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Bart Thompson

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1803-B W. Park Row
Arlington, TX 76013

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 277-4424

9 REPORT TYPE

☐ January 15☐ 30th day before election☐ Runoff☐ 15th day after campaign treasurer appointment (officeholder only)☐ July 15☒ 8th day before election☐ Exceeded \$500 limit☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

Apr / 4 / 06

May / 3 / 06

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

May / 13 / 06

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

Arlington City Council
District 6

13 OFFICE SOUGHT (if known)

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

None

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Steve McCollum

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

None

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 349.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,550.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 6,578.49

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

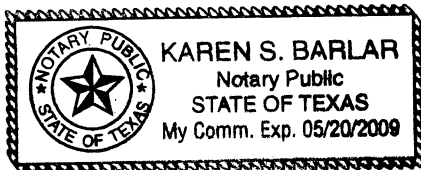
\$ 14,071.19

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Steve McCollum
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Steve McCollum, this the 4th day of May, 2006 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

1049

2 FILER NAME

Steve McCollum

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-18

5 Full name of contributor

☐ out-of-state PAC (ID#:

TREPAC

7 Amount of
contribution (\$)

1,500.

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

POB 1986, Austin 78767

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-21

Full name of contributor

☐ out-of-state PAC (ID#:

Stephen Barnes

Amount of
contribution (\$)

100.

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

POB 1001
Arlington 76004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#:

D.G. Luke

Amount of
contribution (\$)

100.

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

POB 1024
Arlington 76004

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#:

Joseph Merrill

Amount of
contribution (\$)

50.

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

4 Country Club
Arl. 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#:

Clay Ellis

Amount of
contribution (\$)

50.

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

1115 W. Arkansas, B.
Arl. 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 of 9

2 FILER NAME

Steve McCollum

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-25

5 Full name of contributor

☐ out-of-state PAC (ID#:

James Kennedy

6 Contributor address; City; State; Zip Code

303 W. Abram
Arl. 76010

7 Amount of contribution (\$)

50.

8 In-kind contribution description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#:

Sam Lester

Contributor address; City; State; Zip Code

2412 Lakeview
Arl. 76013

Amount of contribution (\$)

100.

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#:

Kelly McKnight

Contributor address; City; State; Zip Code

3209 W. Sublett
Arl. 76017

Amount of contribution (\$)

200.

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#:

Jimmy Phillips

Contributor address; City; State; Zip Code

415 Joyce St.
Arl. 76010

Amount of contribution (\$)

100.

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#:

Roger DeFrang

Contributor address; City; State; Zip Code

2200 Shady View Ct.
Arl. 76013

Amount of contribution (\$)

50.

In-kind contribution description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

3 of 4

2 FILER NAME

Steve McCollum

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-25

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

Billie Farrar

6 Contributor address; City; State; Zip Code

1731 Woods Dr.
Arl. 76010

7 Amount of
contribution (\$)

200.

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID# _____)

Brian Catter

Contributor address; City; State; Zip Code

2004 Hill Country
Arl. 76012

Amount of
contribution (\$)

100.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID# _____)

Mike Patterson

Contributor address; City; State; Zip Code

1111 W. Arkansas, B
Arl. 76013

Amount of
contribution (\$)

1000.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID# _____)

Sally Hopper

Contributor address; City; State; Zip Code

3404 Viscount
Arl. 76016

Amount of
contribution (\$)

50.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID# _____)

Larry Munsie

Contributor address; City; State; Zip Code

2011 Elmhurst
Arl. 76012

Amount of
contribution (\$)

50.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

4 of 9

2 FILER NAME

Steve McCallum

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-25

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mojo Haddad

6 Contributor address; City; State; Zip Code

2233 Ave J, 101
Arl. 760067 Amount of
contribution (\$)

3,000.

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#)

Coy Garrett

Contributor address; City; State; Zip Code

1430 Crownhill
Arl. 76012Amount of
contribution (\$)

500.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#)

Robt. Nursey

Contributor address; City; State; Zip Code

1007 Wayland
Arl 76012Amount of
contribution (\$)

100.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#)

James Cribbs

Contributor address; City; State; Zip Code

POB 13060
Arl 76094Amount of
contribution (\$)

250.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-25

Full name of contributor

☐ out-of-state PAC (ID#)

Joe Barnett

Contributor address; City; State; Zip Code

1013 Rosewood
Arl 76010Amount of
contribution (\$)

500.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 5 of 9	
2 FILER NAME Steve McCollum				3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-25	5 Full name of contributor Buddy Saunders	<input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) 200.	8 In-kind contribution description (if applicable)	
6 Contributor address; City; State; Zip Code 1309 Hillary Arl 76012					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 4-25	Full name of contributor Dan DiPart	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 150.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code POB 580 Arl 76004					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-25	Full name of contributor Bob McFarland	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 1,000.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code POB 13060 Arl 76013					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-26	Full name of contributor Hammer & Nails Club	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 250.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 6464 Brentwood Stair Ft. Worth 76112					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-26	Full name of contributor Joe Bowers	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 100.	In-kind contribution description (if applicable)	
Contributor address; City; State; Zip Code 520 Ave H East Arl 76011					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages Schedule A: 6 of 9	
2 FILER NAME Steve McCollum				3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-26	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Adlai Pennington		7 Amount of contribution (\$) 1,000.		8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4110 SW 4 side Arl 76016					
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)		
Date 4-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tim Maibach		Amount of contribution (\$) 100.		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 6501 Baldwin Acres Arl. 76001					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Morris		Amount of contribution (\$) 50.		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1810 Cedar Elm W. Arl. 76012					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-26	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Aline Hipple		Amount of contribution (\$) 50.		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 4109 Shady Valley Arl. 76013					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 4-27	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Toby Goodman		Amount of contribution (\$) 300.		In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1600 E. Lamar, 250 Arl. 76011					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

7 of 9

2 FILER NAME

Steve McCollum

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-28

5 Full name of contributor

☐ out-of-state PAC (ID#)

Apt. Assoc PAC

6 Contributor address; City; State; Zip Code

6350 Baker
Ft. Worth 76118

7 Amount of
contribution (\$)

1,500.

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

4-28

Full name of contributor

☐ out-of-state PAC (ID#)

Stephen Jones

Contributor address; City; State; Zip Code

3900 Miramar
Dallas 75205

Amount of
contribution (\$)

1,000.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-28

Full name of contributor

☐ out-of-state PAC (ID#)

Harry Jordan

Contributor address; City; State; Zip Code

POB 993
Arl 76004

Amount of
contribution (\$)

200.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29

Full name of contributor

☐ out-of-state PAC (ID#)

David Moritz

Contributor address; City; State; Zip Code

2111 N. Collins, 323
Arl 76011

Amount of
contribution (\$)

1,000.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-29

Full name of contributor

☐ out-of-state PAC (ID#)

Jim Wagon

Contributor address; City; State; Zip Code

10 Courtney
Arl 76015

Amount of
contribution (\$)

500.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

8 of 9

2 FILER NAME

Steve McCollum

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-2

5 Full name of contributor

☐ out-of-state PAC (ID#:

Wm. Smith

6 Contributor address; City; State; Zip Code

1506 Creekford
Arl. 760127 Amount of
contribution (\$)

250.

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-2

Full name of contributor

☐ out-of-state PAC (ID#:

Bill Lynch

Contributor address; City; State; Zip Code

2011 Crossbow
Arl. 76001Amount of
contribution (\$)

100.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-2

Full name of contributor

☐ out-of-state PAC (ID#:

Walid Houlani

Contributor address; City; State; Zip Code

2400 Rush
Arl. 76017Amount of
contribution (\$)

100.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-2

Full name of contributor

☐ out-of-state PAC (ID#:

LAN-PAC

Contributor address; City; State; Zip Code

5307 Mockingbird, 400
Dallas 75206Amount of
contribution (\$)

200.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-2

Full name of contributor

☐ out-of-state PAC (ID#:

Mary Patsche

Contributor address; City; State; Zip Code

2211 Shadywood
Arl. 76012Amount of
contribution (\$)

150.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

9 of 9

2 FILER NAME

Steve McCollum

3 ACCOUNT # (Ethics Commission filers)

4 Date

5-3

5 Full name of contributor

☐ out-of-state PAC (ID#:

Gary Walker

6 Contributor address; City; State; Zip Code

101 W. Randal Mill, 120
Arl. 76011

7 Amount of
contribution (\$)

200.

8 In-kind contribution
description (if applicable)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

5-3

Full name of contributor

☐ out-of-state PAC (ID#:

Tom Cravens

Contributor address; City; State; Zip Code

501 S. Fielder
Arl. 76013

Amount of
contribution (\$)

100.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3

Full name of contributor

☐ out-of-state PAC (ID#:

Tony Pompa

Contributor address; City; State; Zip Code

7203 Lake Havasu
Arl. 76016

Amount of
contribution (\$)

250.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3

Full name of contributor

☐ out-of-state PAC (ID#:

David Fielder

Contributor address; City; State; Zip Code

2305 Woodsony
Arl. 76016

Amount of
contribution (\$)

250.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5-3

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Reiswig

Contributor address; City; State; Zip Code

2712 Mark Twain
Arl. 76006

Amount of
contribution (\$)

500.

In-kind contribution
description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F: 1 of 3
2 FILER NAME Steve McCollum		3 ACCOUNT # (Ethics Commission filers)
4 Date 5-1	5 Payee name Inovar 6 Payee address; City; State; Zip Code 602 Magic Mile Arl. 76011	7 Amount (\$) 680.40
8 Purpose of payment (See instructions regarding type of information required.) Signs		9 .. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 4-19	Payee name U.S.P.S. Payee address; City; State; Zip Code	Amount (\$) 262.70
Purpose of payment (See instructions regarding type of information required.) Postage		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 4-28	Payee name Booker Industries Payee address; City; State; Zip Code 5415 Maple Ave, 230 Dallas 75235	Amount (\$) 3,861.87
Purpose of payment (See instructions regarding type of information required.) Voter files		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held
Date 4-24	Payee name Office Depot Payee address; City; State; Zip Code 401 S.W. Plaza Arl. 76010	Amount (\$) 9.06
Purpose of payment (See instructions regarding type of information required.) Supplies		.. Complete if direct expenditure to benefit C/OH .. Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 of 3

2 FILER NAME

Steve McCollum

3 ACCOUNT # (Ethics Commission filers)

4 Date

4-18

5 Payee name

U.S. PS.

6 Payee address; City; State; Zip Code

7 Amount (\$)

312.00

8 Purpose of payment (See instructions regarding type of information required.)

Postage

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5-2

Payee name

U.S. P.S.

Payee address; City; State; Zip Code

Amount (\$)

82.50

Purpose of payment (See instructions regarding type of information required.)

Postage

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-21

Payee name

Zap Print

Payee address; City; State; Zip Code

1021 W. Abram
Arl. 76013

Amount (\$)

320.16

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-17

Payee name

Zap Print

Payee address; City; State; Zip Code

1021 W. Abram
Arl. 76013

Amount (\$)

949.80

Purpose of payment (See instructions regarding type of information required.)

Printing

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3 of 3

2 FILER NAME

Steve McLillum

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

5-2

GSWAIFA

6 Payee address; City; State; Zip Code

3380 N. I-35E

Lancaster 75134

100.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign ad

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED